



Delta Dental Plan of New Mexico

- ✓ Delta Dental's Point of Service plan combines DeltaPreferred Option, our preferred provider network, with DeltaPremier, our fee-for-service network, giving you the ability to choose a participating dentist from approximately 90% of all dentists in New Mexico.
- ✓ You have a benefit when you visit a dentist not participating in either Delta network, but you typically pay more out-of-pocket.
- ✓ You have direct access to participating dentists without pre-selection or referrals. Most specialty dentists participate in the DeltaPremier network. The DeltaPreferred Option network does not include specialty dentists in all categories. Specialty categories include: oral surgery, endodontics, orthodontics, pedodontics, periodontics and prosthodontics. Please refer to your participating dentist list prior to obtaining services from a specialty dentist.

SUMMARY OF DELTA DENTAL BENEFITS

WHEN TREATMENT IS PROVIDED BY A . . .	DELTAPREFERRED OPTION® PARTICIPATING DENTIST	DELTAPREMIER® PARTICIPATING DENTIST
WHO IS COVERED?	Eligible employees, spouses and dependent children to age 25.	
DEDUCTIBLES & MAXIMUMS	The deductible is \$50 per enrolled person, \$150 per family per lifetime. The maximum is \$1500 per enrolled person per contract year. The benefit period for your group is July 1, 2004 to June 30, 2005 . The orthodontic maximum is \$1000 per enrolled person per lifetime.	
DIAGNOSTIC & PREVENTIVE SERVICES - oral exams (2/calendar year), cleanings (2/calendar year), bitewing x-rays (2/calendar year), full mouth x-rays (1 complete set /5 years), emergency treatment, topical fluoride (through age 18), space maintainers (through age 15), sealants (through age 16) 3 year limitation-permanent molars only.	DeltaPreferred Option 100% * (no deductible applies)	DeltaPremier 80% * (no deductible applies)
RESTORATIVE SERVICES - amalgam fillings on posterior teeth, composite fillings on anterior teeth.	DeltaPreferred Option 85% * (deductible applies)	DeltaPremier 60% * (deductible applies)
BASIC SERVICES - extractions, oral surgery, root canals, periodontics, general anesthesia, prescription medication for dental related conditions.	DeltaPreferred Option 85% * (deductible applies)	DeltaPremier 85% * (deductible applies)
MAJOR SERVICES - crowns, bridges, partial dentures, full dentures. <u>A Missing Tooth Exclusion applies for all enrollees.</u>	DeltaPreferred Option 50% * (deductible applies)	DeltaPremier 50% * (deductible applies)
ORTHODONTIC SERVICES - for enrolled adults and dependent children.	DeltaPreferred Option 50% * (no deductible applies)	DeltaPremier 50% * (no deductible applies)
*Applied to the lesser of the DeltaPreferred Option Schedule of Fees or the dentist's billed amount for DeltaPreferred Option dentists. Applied to the lesser of the Delta Maximum Approved Amount or the DeltaPremier dentist's billed amount for DeltaPremier dentists. Obtaining services from a non-participating dentist may result in higher out-of-pocket expenses.		

Some services may be a limited benefit or not covered; please refer to your Dental Benefit Handbook. Examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations. All charges for non-covered services are your responsibility.